



## CRS (Clinical Reporting System) 2007 (BGP v. 7.0)

### What Is It?

The Clinical Reporting System (CRS) is a Resource and Patient Management System (RPMS) application designed for national reporting as well as local and Area tracking of clinical performance measures. CRS is intended to eliminate the need for manual chart audits for evaluating and reporting clinical measures for local performance improvement initiatives, for Area-wide tracking, as well as for national agency reporting to Congress as required by the Government Performance and Results Act (GPRA). CRS is updated at least annually to reflect changes in clinical guidelines for existing measures as well as adding new measures to reflect new healthcare priorities.

CRS produces reports on demand from local RPMS databases for one or more of 55 clinical topics, comprised of over 349 individual performance measures. Each *topic* has multiple measures, consisting of one numerator and one denominator. The denominator is the total patient population being reviewed; the numerator is the number of patients from the denominator who meet the logic criteria. Reports display the total counts of each measure's numerator and denominator and the percentage who meet the numerator. Reports also compare the site's performance numbers in the current report year (user defined) to the previous year and to a user-defined baseline year. Users can also request patient lists for each of the measures, displaying patients who do and do not meet the measure criteria.

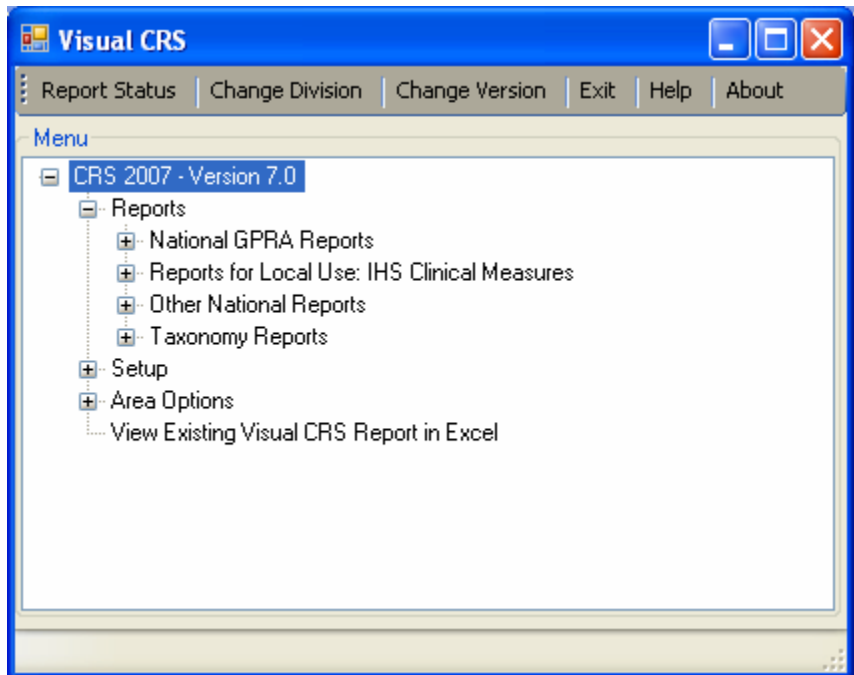
Local facilities can run reports for individual or all performance measures as often as needed and can use CRS to transmit national-level data to their Area for quarterly reporting. The Area Office can use CRS to produce an aggregated Area report for national-level data.

### Who Should Use CRS and Why?

CRS is the reporting tool used by the Indian Health Service (IHS) Office of Planning and Evaluation to collect and report clinical performance results to Congress. IHS Federal (direct) sites are required to use CRS 2007 to provide annual national reporting of clinical GPRA measures.

Area and site Quality Improvement staff; Compliance Officers; GPRA Coordinators; clinical staff such as physicians, nurses, nurse practitioners, and other providers; Area Directors; as well as any staff involved with clinical quality improvement initiatives can use CRS to:

- Identify potential data issues in their RPMS (i.e., missing or incorrect data)
- Monitor their site's performance against past national performance and upcoming agency goals
- Identify specific areas where clinical business process or other changes should be made to improve performance
- Quickly measure impact of process changes on performance measures



### How Does It Work?

To produce performance reports with comparable data across every facility, the performance measure definition is "translated" into programming code with the assistance of clinical subject matter experts. This means that an English text expression is defined specifically in terms of what RPMS fields to look at and what values to look for to fit the definition. To ensure comparable data within the agency as well as to external organizations, as much measure logic as possible is based on standard international healthcare codes. These codes include ICD-9, CPT, LOINC and national IHS standard code sets (e.g., Health Factors, patient education codes, etc.). For terminology that is not standardized across each facility, such as lab tests, CRS uses taxonomies (groups of "like" codes) that can be populated by an individual facility with its own test names. CRS has been described as a "scavenger hunt," looking at multiple fields recorded primarily in the RPMS Patient Care Component (PCC), including V POV (purpose of visit), V Lab, V Procedures, and V CPT. It is critical that sites have links turned "on" to PCC from other RPMS applications, such as CHS or RCIS, so that data is passing into PCC for CRS to find.

### Is a CRS Graphical User Interface (GUI) Available?

Yes, there are both GUI and "roll-and-scroll" versions available. The CRS GUI is a Windows-based application that is installed both on the local facility's server as well as each user's computer, which is called the CRS client. The CRS GUI is updated each year. The logic in the GUI is exactly the same as that used in the "roll-and-scroll" version. In order to run the GUI on the client, the computer must be running the

Windows XP operating system, must have Windows Service Pack 2 or higher installed, and must have Microsoft Office 2003 or higher installed. Facilities not meeting these requirements must run the "roll-and-scroll" version instead.

### CRS 2007 v7.0 Measure Topics (\*Topic includes one or more GPRA measures)

#### Diabetes Group

Diabetes Prevalence  
Diabetes Comprehensive Care  
Glycemic Control\*  
Blood Pressure Control\*  
Dyslipidemia (Lipids) Assessment\*  
Nephropathy Assessment\*  
Diabetic Retinopathy\*  
Diabetic Access to Dental Services

#### Dental Group

Access to Dental Services\*  
Dental Sealants\*  
Topical Fluoride\*

#### Immunization Group

Adult Immunizations: Influenza\*  
Adult Immunizations: Pneumococcal\*  
Childhood Immunizations\*  
Adolescent Immunizations

#### Childhood Diseases Group

Appropriate Treatment for Children with Upper Respiratory Infection  
Appropriate Testing for Children with Pharyngitis

#### Cancer Screening Group

Pap Smear Rates\*  
Mammogram Rates\*  
Colorectal Cancer Screening\*  
Tobacco Use Assessment  
Tobacco Cessation\*

#### Behavioral Health Group

Alcohol Screening (FAS Prevention)\*  
Intimate Partner (Domestic) Violence Screening\*  
Depression Screening\*  
Antidepressant Medication Management

#### Cardiovascular Disease-Related Group

Obesity Assessment  
Childhood Weight Control\*  
Nutrition and Exercise Education for At Risk Patients  
CVD and Cholesterol Screening  
CVD and Blood Pressure Control  
Controlling High Blood Pressure  
Comprehensive CVD-Related Assessment\*  
Appropriate Medication Therapy after a Heart Attack  
Persistence of Appropriate Medication Therapy after a Heart Attack  
Appropriate Medication Therapy in High Risk Patients  
Cholesterol Management for Patients with Cardiovascular Conditions

#### STD-Related Group

Prenatal HIV Testing and Education\*  
HIV Quality of Care  
Chlamydia Testing

#### Other Clinical Measures Group

Osteoporosis Management  
Osteoporosis Screening in Women  
Rheumatoid Arthritis Medication Monitoring  
Osteoarthritis Medication Monitoring  
Asthma  
Asthma Quality of Care  
Asthma and Inhaled Steroid Use  
Chronic Kidney Disease Assessment  
Prediabetes/Metabolic Syndrome  
Medications Education  
Public Health Nursing  
Breastfeeding Rates  
Drugs to be Avoided in the Elderly  
Functional Status Assessment in Elders  
Fall Risk Assessment in Elders

### Features and Key Changes for 2007 (BGP version 7.0)

- New topics include: Appropriate Medication Therapy after a Heart Attack, Persistence of Appropriate Medication Therapy after a Heart Attack, Appropriate Medication Therapy in High Risk Patients, Breastfeeding Rates, Drugs to be Avoided in the Elderly, Functional Status Assessment in Elders, and Fall Risk Assessment in Elders.
- Seven basic types of reports are included in CRS 2007 Version 7.0: National GPRA, Selected Measures (local), CMS, GPRA Performance, Elder Care, HEDIS, and Patient Education.
  - National GPRA Report** includes 22 individual GPRA performance measures and other key clinical measures. The National report is predefined to report on only the American Indian/Alaska Native (AI/AN) population during the time period July 2006-June 2007, with comparison to baseline year 2000. Sites must specify their "official" communities of residence to report on.
  - Selected Measures Reports** for local use can be produced for one or multiple clinical performance topics as selected by the user. 55 topics are available and will contain all related measures (specific denominators and numerators). Users can select different populations by specifying one or multiple communities of residence, a patient panel (pre-defined list of patients), or all patients (any community). Users can also select American Indian/Alaska Native (AI/AN) only, non-AI/AN only, or both.
  - CMS Report** for use by IHS hospitals to report CMS hospital quality data for 17 required performance measures for heart attack (AMI), heart failure, and pneumonia.
  - GPRA Performance Report** includes all performance measures included in the National GPRA report except users may select the report and baseline periods and patient population.
  - Elder Care Report** contains quality of care measures for patients 55 and older.
  - HEDIS Report** contains 22 performance measure topics described in the *HEDIS 2006 Effectiveness of Care Guidelines*. HEDIS is a national standard for clinical performance measurement developed by the National Committee for Quality Assurance (NCQA) and can be used for sites wanting to obtain NCQA accreditation to report on their performance.

- **Patient Education Report** contains six performance measure topics relating to patients who received patient education during a user-specified report period.
- Patient Lists can be produced for the National GPRA and GPRA Performance reports, and users choose whether to include patients meeting a measure, not meeting a measure, or both. Patient Lists can also be produced with the Selected Measures (i.e. Local) reports, however, users do not get to choose who to include in the lists.
- Comprehensive National GPRA Patient List that includes patients in the National GPRA report and shows which GPRA measures they did not meet.
- Areas can aggregate exported National GPRA, GPRA Performance, Elder Care, HEDIS, and Patient Education report data files from individual sites into Area-wide reports.
- Site-populated taxonomies are used to identify facility specific terminology for lab tests and medications so that measures can be compared across all facilities.

### Is CRS Training Available?

Yes. Training for CRS 2007 is currently being offered, primarily as Internet-based (e.g. WebEx) training. With WebEx training, attendees may participate at their own facility, either by themselves or as a group, without the added costs of travel and time away from the office. 13 training sessions are available and are tailored to the audience, as shown below.

- **Advanced CRS:** Prerequisites are previous experience with using RPMS, PCC and CRS. Recommended for anyone responsible for running the CRS reports and for all GPRA coordinators.
  - GPRA 06 Results
  - GPRA 07 Measures Reported by CRS
  - CRS Logic Changes to All GPRA Measures
  - New CRS Features/Reports
  - Demo of New CRS Features/Reports
  - Demo of CRS GUI
  - CRS Version 7.1 Schedule and Key Changes
  - Question and Answer Session
- **Overview of GPRA and CRS:** Recommended for all management and executive staff.
  - Definition of GPRA
  - GPRA Reporting Requirements
  - The Role of GPRA Today
  - GPRA, PAR, and PART
  - Background Information on Performance Measurement
  - Relationship Between GPRA and CRS
  - CRS Performance Measure Terminology
  - GPRA 2006 Results
  - GPRA 2007 Measures Reported by CRS
- **Review of Reports**
- **GPRA is a Team Effort!**
- **Question and Answer Session**
- **Beginning GPRA and CRS:** Prerequisites are previous experience with using RPMS and PCC. Recommended for new GPRA Coordinators and all providers.
  - Overview of GPRA
    - Definition of GPRA, GPRA Reporting Requirements, The Role of GPRA Today, GPRA, PAR, and PART, Background Information on Performance Measurement, Relationship Between GPRA and CRS, GPRA 2006 Results and GPRA 2007 Measures
  - CRS
    - Background Information, CRS Security Keys, Standard Codes, Taxonomies, Reports & Patient Lists
  - Demonstrations of Site Parameter & Taxonomy Setup, Running Reports & Patient List, and CRS GUI
  - Report Results
    - Common Reasons for Low Rates, Tips for Improvement, GPRA is a Team Effort

### What Is Clinical Performance Assessment?

Performance assessment measures what an organization does and how well it does it. For the IHS, this means measuring how well we deliver healthcare services to our population, measured by documented improvement in various standard health measures. Standardized clinical performance measures provide a systematic approach to health improvement for our facilities and Agency. Results from performance assessment are used internally within the IHS, at national, regional and local levels, to support and guide performance improvement in appropriate clinical areas. Performance results are also used externally to demonstrate accountability to an organization's stakeholders; for IHS, this primarily means annual GPRA performance reports to Congress, as well as OMB PART evaluations.



### System Requirements (\*Patch number may change)

- Kernel 8.0 or higher
- FileMan 21 or higher
- IHS Patient Dictionaries (AUPN) Version 99.1 through patch 17\*
- PCC Management Reports Version 3.0 through patch 18\*
- Taxonomy System Version 5.1 through patch 9\*
- Lexicon Version 2.0